



Rahm Emanuel
Mayor

Department of Police • City of Chicago
3510 South Michigan Avenue • Chicago, Illinois 60653

Garry F. McCarthy
Superintendent of Police

[REDACTED]
Chicago, Illinois 60644

Re: Complaint Log No. 1049496

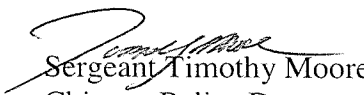
Dear [REDACTED],

During our conversation on October 31, 2011, you stated that you wished to pursue your complaint against Officer Ramon Sandoval #13873 and Officer Michael Holmes #14406 alleging that you were falsely arrested by these officers on October 22, 2011. After agreeing to meet with me, you consulted with your attorney who advised you not to consent to an audio interview. I suggested that you have your attorney contact the offices of the Bureau of Internal Affairs to speak with either myself or Lieutenant Karen Konow regarding the interview. As of this date, we have not received any contact from you or your attorney.

In order to proceed with this investigation you will need to sign and attest to a sworn affidavit which will specifically state your allegations against these officers. This letter serves as formal notice that your case will be closed ten (10) days after delivery of this letter. Should you no longer wish to pursue your complaint, please sign and return the enclosed Voluntary Termination form to the Bureau of Internal Affairs, 3510 S. Michigan Avenue, Chicago, IL 60653 (Attn: Sgt. Moore)

If you have any questions regarding your case please contact me at (312) 745-6328.

Sincerely,


Sergeant Timothy Moore
Chicago Police Department
Bureau of Internal Affairs



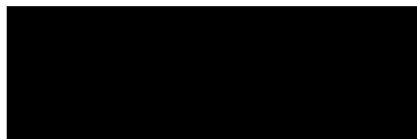
Sgt Moore unit 121

City of Chicago

Department of Police

3510 South Michigan Avenue

Chicago, Illinois 60653

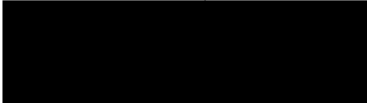


Chicago, Illinois 60644

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



Chicago, IL 60644

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

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City, State, ZIP+

Chicago, IL 60644

CPD 0020047